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PATENT APPLICATION TRANSMITTAL APPLICATION ELEMENTS See MPEP chapter 600 concerning dility patent application contents. ADDRESS TO: Mail Strop Patent Application ADDRESS TO: Mail Strop Patent Application Commissioner for Patents P. O. Box 1-450 Alexandris, VA 22313-1450 1. X [see Transmittal Form (Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification Total Pages a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.83(d)) (for continuation/divisionate with Box 17 completed) 1. DELETION OF INVENTORS) Signed Statement statched deleting inventor(s) randed in the prior application, are 37 CFR 1.33 (d)(2) and 1.35(b). 6. X Application Data Sheet. See 37 CFR 1.76 8. X Application Data Sheet. See 37 CFR 1.76 11. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 18. Continuation Divisional Continuation-in-part (CIP) 19. Continuation Divisional Examinary 19. Continuation and in the prior application in the submitted application, are 37 CFR 1.35 (GP) and 1.35(b). 19. Continuation Divisional Continuation-in-part (CIP) 19. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: 19. Continuation Divisional Continuation-in-part (CIP) 19. Continuation and in the part (CIP) 19. Continuation and in the prior application in an analy or declaration is supplied under 8x 5x, is considered a part of the discission or bio accompanying continuation or individual application and in healthy incorporated by reference. The incorporation cannot be released to many the requisite information: 19. Configuration, and the discission of the discission of the accompanying continuation or individual application and in healthy incorporated by reference. The incor		UTILITY	Attorney Dock	et No.	03560.003408	- 50°
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State

Telephone

Zip Code

Fax

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	4-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 86.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))		\$290.00 =	\$0.00	
				BASIC FEE (37 CFR 1.16(a))	
			Total of	above Calculations =	\$770.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Christopher Philip Wrist - Reg. No. 32,078	
SIGNATURE	Veget	
DATE	December 4, 2003	

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